

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

Attorney Docket No.	GIA1480
Client Matter Number	2500312-165920
First Inventor or Application Identifier:	Ronald Geurts
Title:	FLUORESCENCE MEASURING DEVICE FOR GEMSTONES
Express Mail Label No.:	EV318740734US

Application Elements (See MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: Commissioner For Patents BOX PATENT APPLICATION P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, & duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>18</u>] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> • Descriptive title of the Invention • Cross References to Related Applications • Statement Regarding Fed sponsored R&D • Background of the Invention • Brief Summary of the Invention • Brief Description of the Drawings <i>(if filed)</i> • Detailed Description • Claim(s) • Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>5</u>] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>2</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power Of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS/PTO 1449) <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment (<u> </u> pgs.) 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input checked="" type="checkbox"/> Express Mail Certification 17. <input checked="" type="checkbox"/> Request And Certification under 35 USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 18. <input checked="" type="checkbox"/> OTHER: Check # <u>557952</u> (\$385.00)

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:
☐ Continuation ☐ Divisional ☐ Continuation-In-Part of prior application no.: /
 Prior application information: Examiner: Group/Art Unit:

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number (25548) Or Bar Code Label OR <input type="checkbox"/> Correspondence Address Below	<div style="border: 1px solid black; width: 200px; height: 40px;"></div>
NAME	ATTN: Mark M. Takahashin GRAY CARY WARE & FREIDENRICH
ADDRESS	4365 Executive Drive, Suite 1100 San Diego, CA 92121-2133
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Name (print/type)	MARK M. TAKAHASHI
Registration No.: (Attorney/Agent)	38,631
Signature	<u>Mark M. Takahashi</u> - Date <u>JAN, 12, 2004</u>

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FEE TRANSMITTAL

Attorney Docket No.	GIA1480
First Named Inventor:	Ronald Geurts
Application Number	Unknown
Filing Date:	Herewith
Examiner Name:	Unknown
Group/Art Unit:	Unknown

TOTAL AMOUNT OF PAYMENT:	\$ 385.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-2258 Deposit Account Name: GRAY CARY WARE & FREIDENRICH</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 770.00	\$385.00	\$ 385.00
Total Claims	19 - 20 =	0	X \$ 18.00	X \$ 9.00	\$ 0.00
Independent Claims	3 - 3 =	0	X \$ 86.00	X \$ 43.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)			\$ 290.00	\$145.00	\$ 000.00
Total of above Calculations =					\$ 385.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 340.00	\$ 170.00	\$ 000.00
Reissue filing fee	\$ 770.00	\$ 385.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 0.00
Total of above Calculations =			\$

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$385.00

Name (print/type)	MARK M. TAKAHASHI	Registration No.: (Attorney/Agent)	38,631
Signature		Date	JAN. 12 2004

EV318740734US

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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Robert Wickman

Name



Signature

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